

Case Number:	CM14-0059848		
Date Assigned:	07/09/2014	Date of Injury:	11/18/2011
Decision Date:	09/29/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/30/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 48-year-old male who was injured on November 18, 2011. The patient had Lumbar surgery on April 9, 2013. The patient had severe and constant back pain radiating to the leg with spasm, swelling and pain in the middle of the back. MRI of the lumbosacral revealed that at L3-L4, there was mild spondylosis with a 4 mm central and left paracentral disc protrusion with moderate left canal stenosis and moderate bilateral neural foraminal stenosis. At L4-L5, there was mild spondylosis with a 5 mm central disc extrusion with slight downward migration from the level of disc space. There was also moderate central canal stenosis and moderate bilateral neural foraminal stenosis. There was minimal facet degeneration and hypertrophy at L3-L4 and L4-L5. The range of motion in flexion is 90 degrees and extension was 10 degrees. There was positive straight leg raising test on the left. The patient was released to continue modified duty. The current requests are for lumbar epidural steroid injection at L3-L4 and L4-L5 and Indocin SR 7.5 mg #30. Diagnosis was Post Laminectomy Syndrome. No current medication was listed. The request for UR for Indocin SR 7.5 mg, #30 was denied due to lack of medical necessity on April 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Indocin SR 7.5 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Article 5.5.2 MTUS Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, NSAIDs, Indocin.

Decision rationale: Indocin is not commonly used any more, now that its risks are known, so it is not recommended as a first-line NSAID. Per guidelines, NSAIDs are recommended in chronic back pain as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. Long term of NSAIDs is not recommended as there is no evidence of long term effectiveness for pain or function. In this case, there is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with continuous use. Therefore, the request for Indocin SR 7.5 mg, thirty count, is not medically necessary or appropriate.